10/135074

PTO:S806 (08-03)
Approved for use through 7/31/2006. CNB 0651-0032

Under the Peperson's Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a year ONB control number.											
l	, PAT	TENT APPLI	CATIO	N FEE DETE	RECORD		4999	2999			
Substitute for Form PTO-875										<i>71 - 1</i> C	W/W
CLAIMS AS FILED - PART I OTHER THAN											
(Column 1) (Column 2)						,	SMALL	ENTITY	OR	SMALI	EMTTY .
FOR MUNISER FILED MUNISER EXTRA						1	RATE	CPEE		RATE	FEE
BASIC FEE (D' GR 1.18(e))								T	l oa		
GF GFR 1.10(d) misso 20 = 1/5					1	X 2 / 2		1		 	
INCEPEICENT CLAIMS					4	1	 	├─-/ -	œ	<u>**</u>	
(DT CPR 1.18(N)) misss 3 ·								 	OR	X =	
Ē	LTIPLE DEPEND	DIT CLAIM PRESE	37 CFR 1.18(Q)	184		OR	! •∠.	17 1			
* if the difference in cotumn 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
(Column 1)				(Column 2) (Column 3)			SHALL ENTITY		OR		R THAN ENTITY
<	' -	CLAIMS REMADING		HIGHEST NUMBER	PRESENT		RATE	ADO+			
Ę	1	AFTER AMENDMENT	1	PREVIOUSLY PAID FOR	EXTRA			TIONAL		RATE	ADDI- TIONAL
ENDMENT	Total CF CFR LIRCO	:35	Mires	- 44	-	ı		FEE		$\vdash \leftarrow$	FEE
2	Independent	· //	Minus	 [-}}		ı	X 8		OR	X &	<i> </i>
ME	(27 GFR 1.1300)	4	<u> </u>	-7			× =		OR	x :	
⋖	FIRST PRESENT	PATION OF MULTIPL	E DEPOO	Diff CLARE (STOR	(D/S1.1 SF		· <u> </u>		OR	+1/-	
							TOTAL			TOTAL	
•							ADDLFEE		OR	ADDL PEE-	
		(Cotumn 1) CLAIMS	,	(Column 2) HIGHEST	(Cotomo 3)		. 		1		
18		REMADING AFTER		MAINBER PREVIOUSLY	PRESENT EXTRA		RATE	ADD1		RATE	A004
Z		AMENDMENT	<u> </u>	PAID FOR				TIONAL FEE			TIONAL
AMENDMENT	Total (27 CPR 1,10)(0)	· 35	Minus	35	·		x		OR	X \$ a	
질	bridgendart (27 G/R 1.166g)	· Y	Mina	- 16			22		OR	** /	
₹	FREST FRESSDITATION OF MULTIPLE DEPENDENT CLASS (27 CFE 1, 1860)									7	
	PRINT PRESIDITATION OF MALTURE DEPONDENT CLARK (37 CPR 1.18(d))						TOTAL		OR	+8 / •	
Į	1310P				•		ADDL FEE		OR	ADOL FEE	
Ί		(Column 1)		(Column 2)	(Column 3)		·				
c	•	CLAIMS REMARING		HIGHEST NUMBER	PRESENT		RATE	ADDI-	•	DATE	4220
눌		AFTER AMENDMENT		PAID FOR	EXTRA		.44.2	TIONAL		RATE	ADDI- TIONAL
Ä	Total GP GFR 1.1963	35	Minus	- 24	• 14	İ,		FEE	,		FEE
MENDMENT	Independent OF CFE 1,1660	· n	Minus	- 4	- () -		X 8		OR .	X 8	·
AME							X \$0		OR	x 4=	
	FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.15(0))								OR	+ = =	
TOTAL TOTAL OR ADD'L FEE OR ADD'L FEE											
* If the Chiphest Number Previously Paid For On This SPACE in less than the column 3.											
•		number Printeustv	Paul For	IN THE SPACE A	a laces flows % are	-		he seemed-t-	hout -	shara d	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the exprepriate box in column 1.											1

This collection of Information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be early to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and soleci option 2.

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